THE UNIVERSITY OF OKLAHOMA  
School of Dance

REQUEST FOR RECOMMENDATION

APPLICANT ____________________________________________________________  
Last Name  First Name  Middle Name

PLEASE RETURN THIS FORM BEFORE ___________________.

Date

The applicant named above is applying for admission to the graduate program in dance at the University of Oklahoma and has asked for a recommendation from you. Your completion of this form will greatly assist in the evaluation of this candidate’s competency for graduate work in dance. Please fill out the form and return it at your earliest convenience.

1. How long have you known the applicant? _____ years

2. In what capacity have you worked with the applicant?

   Department Chairman ___  Choreographer ___
   Major Advisor ___  Employer ___
   Instructor ___  Other (specify) ____________________

3. How would you rank the applicant in the following characteristics of personal competence, in comparison with other students you have taught and/or worked with before?

   1 – Excellent  2 – Good  3 – Average
   4 – Below Average  5 – Low  6 – No basis for judgment

   Intellectual ability ___
   Leadership ___
   Motivation ___
   Commitment ___
   Cooperation ___
   Work habits (planning, organizing, executing) ___
   Perseverance in completing tasks ___
   Capacity for accepting criticism ___
   Ability to analyze and criticize ___
   Ability to communicate ___
   Dependability ___
   Knowledge of literature in the field ___
   Range of interests and curiosity ___
   Performance ability ___
   Choreographic ability ___
   Teaching ability ___

Revised: February 2009
4. What overall potential for success do you predict for this applicant in graduate studies?

   Outstanding ___
   Above average ___
   Average ___
   Below average (questionable for graduate study) ___
   Not desirable as a candidate for graduate study ___

5. Please include any additional comments which will assist us in evaluating this applicant.

   SIGNATURE ___________________________________       DATE _______________

   NAME PRINTED OR TYPED _________________________________________________

   TITLE _________________________________________________________________

   ADDRESS ______________________________________________________________

   Please return this form directly to:
   Jeremy Lindberg, Associate Professor
   Graduate Liaison, School of Dance
   University of Oklahoma
   560 Parrington Oval, Room 1000
   Norman, Oklahoma 73019

Revised: February 2009